MINOOKA COMMUNITY HIGH SCHOOL DISTRICT #111

Overnight Field Trip Request

Name of Organization Theatre / Thespians Date Submitted 10/30/2026

Name of Advisor/Coach Tripp Burton

Destination Illinois High School Theatre Festival UIUC

Date of Trip 1/7/2027 - 1/9/2027

Qualified for Competition _____ Annual Trip ✔

Purpose of Trip: (Benefit to Students)

This is an opportunity for our students to take workshops, see shows, meet theatre students from around the state, and learn about opportunities and bring new knowledge back to our productions. As a group, we will see Come From Away and Something Rotten!, along with the opening ceremony, and some students are taking advantage of the opportunity to audition for college programs.

1.25 School days out of Class

25 Number of Students traveling Male 5 Female 20

Supervision:

(Staff members need professional leave form)

MCHS Staff (names): Tripp Burton Anthony Babich

Olivia Gerk

Type 75: _____ Y Name _____

x N Reason why not necessary 48 Hours

Chaperones:

Name of Chaperone	Relationship to program (Volunteer/parent or other)	District CBI on file (Background Check Y or N)	Paying for trip: (P) Program (D) District (C) Chaperone

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Cost of Trip:

Itemized District Cost:

Number	Item	Unit/Cost	# of Days	Total per Item
	Lodging			
	Meal			$0.00
	Parking			
	Travel			
	Miles:			
	Driver round trip			
	3 Subs			
			Total	$0.00

Itemized Organizational Cost:

Number	Item	Unit/Cost	# of Days	Total per Item
	Lodging			
	Meals			
	Registration			
	Parking			
	Travel			
	all other costs			
			Total	$0.00

Activites Director's Recommendation ✓ Approved [signature] Not Approved _____ Date 11/2/26

Principal's Recommendation [signature] Approved ✓ Not Approved _____ Date 11/4/26

Superintendent Approval [signature] Date: 11/9/26

MINOOKA COMMUNITY HIGH SCHOOL
OVERNIGHT FIELD TRIP PERMISSION FORM

Note to Parents or Guardians: Your signature at the bottom of the form indicates that you have read, understood, and agreed with the contents of the entire form.

SECTION 1 - Trip Information (completed by Coach/Sponsor)

Trip Destination:	Illinois High School Theatre Festival (UIUC)		
Departure Date:	1/7/2027	Return Date:	1/9/2027
Departure Time:	2:00	Return Time:	5:00
Departure Location:	Central Main Entrance	Return Location:	Central Main Entrance

SECTION 2 - Financial Obligation (completed by Coach/Sponsor)

Financial Cost to Student:	$205	Payment Due Date:	12/4/2026
Amount Paid:	$85	Remaining Balance:	$120

SECTION 3 - Student Information (completed by Parents)

Student Name		Gender	
Student ID #		D.O.B.	
Address		City, St., Zip	

SECTION 4 - Family and Emergency Contact (completed by Parents)

Father's Name		Mother's Name	
Contact Number		Contact Number	

In an emergency, when parents cannot be reached, please contact:

Name		NUMBER	

SECTION 5 - Parental Consent (completed by Parents)

I have read the itinerary for the trip. I approve of my child's participation. My child and I have read the trip commitment form, signed and turned it in. I understand that the school has a right to cancel the trip at any time. I understand that the school has the right to rescind participation (cancel the trip) for any disciplinary infraction during the school year including but not limited to grade eligibility or for excessive absences for my child. I understand that Minooka Community High School District 111 is not responsible for purchased services provided by other public or private agencies in conjunction with this trip and the district will not be responsible for making refunds. I understand that I will purchase trip insurance. I understand that if I am a chaperone and my child cannot participate, I will supervise my child directly. I understand that if I am a chaperone and my child requires prescription and non-prescription medication, I will administer medications directly.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ **Date:** _____